

## EDITOR'S CHOICE



# Mending Our Broken Mental Health Systems

The etymology of the phrase “mental health” rests on the foundation of the Latin term *mens* and the Greek term *nous*, both of which mean *mind*, or that which is responsible for one’s thoughts and feelings and is the seat of the faculty of reason. From a holistic perspective, balance among biological, psychological, social, and spiritual health yields an optimal sense of general well-being. However, in the United States, fully integrating into society and actualizing the American Dream has been fraught with tremendous obstacles for far too many, particularly those navigating mental health systems. An estimated 26.2% of Americans aged 18 years and older—about 1 in 4 adults—suffer from a diagnosable mental disorder in any given year. Mental disorders are the leading cause of disability for individuals aged 15 to 44 years (<http://www.nimh.nih.gov/healthinformation/statisticsmenu.cfm>).

Appropriate interventions for and prevention, treatment, and management of mental illnesses are not “us versus them” problems. Rather, they encompass a myriad of concerns that affect us and our parents, spouses, siblings, children, friends, and colleagues. In his influential *Mental Health: A Report of the Surgeon General* (<http://www.surgeongeneral.gov/library/mentalhealth/home.html>) and its supplement *Mental Health: Culture, Race and Ethnicity* (<http://www.surgeongeneral.gov/library/mentalhealth/cre>), David Satcher called for reducing the stigma surrounding mental illness. His charge remains as vital today as it was when these reports were released more than 6 years ago.

Despite the mandates of the 1996 Mental Health Parity Act, our mental health systems are plagued with barriers to equal access and treatment for persons with mental illness. Factors contributing to the dilemma include the fragile safety net of local and state programs; lack of adequate insurance coverage for mental health; limited access to and utilization of quality mental health services; high costs of psychotropic medications, psychotherapeutic treatments, and behavioral rehabilitation;

poor coordination of mental health services with primary health care; limited integration of services for co-occurring mental and substance abuse disorders; lack of attention to the specific needs of vulnerable populations; and a dearth of mental health professionals who are members of racial/ethnic minorities.

To promote mental health throughout US society, in diverse communities and for all individuals, there is a dire need for positive system changes, beginning with policies to expand mental health services to make them more comprehensive, more culturally responsive, more accessible, and more affordable. Formulating such policies will require commitment from the federal and state governments, insurance providers, clinicians, social service agencies, educators, the criminal justice community, employers, and clients of mental health and substance abuse services. Members of the public health community who support policy changes have the singular responsibility of advancing mental health campaigns through community and national programs, increasing public awareness and education about the prevalence of mental health conditions, and moving elected officials expeditiously toward policy and systems changes. For instance, the Community Voices Miami initiative is engaged in policy reform to address the combined effects of incarceration, homelessness, and substance use on the physical and mental health of men in Florida (<http://www.communityvoices.org>).

Now is the time to promote mental health policies that hold the greatest promise for improving the quality of life of individuals and entire communities. We dedicate this issue of the Journal to those invested in bringing the possibility of achieving the American Dream a little closer to reality for those burdened by mental illnesses. ■

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